

ISSUE SLIP STAPLE AREA (for additional cross references)

MB

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SC		1-25-94
O.I.P.E. CLASSIFIER		59	128
FORMALITY REVIEW	AB	00902	2-3-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	1	1	8/6/01
2	2	2	8/6/01
3	3	3	8/6/01
4	4	4	8/6/01
5	5	5	8/6/01
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50	50	50	8/6/01

Claim	Final	Original	Date
51	51	51	8/6/01
52	52	52	8/6/01
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99	99	99	8/6/01
100	100	100	8/6/01

Claim	Final	Original	Date
101	101	101	8/6/01
102	102	102	8/6/01
103	103	103	8/6/01
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147	147	147	8/6/01
148	148	148	8/6/01
149	149	149	8/6/01
150	150	150	8/6/01

If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy

Claim		Date	
Final	Original		
141	151	8/6/01	
142	152		
143	153		
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Claim		Date	
Final	Original		
191	201	8/6/01	
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240	250		

Claim		Date	
Final	Original		
241	251	11/13/02	
242	252	2/23/02	
243	253		
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Best Available Copy